Under the Paperwork Balletion Act of 1995, no persons are req	uired.to	respond	U.S. P	atent ar	Trademark Office: LI	through 7/31/2006. I.S. DEPARTMENT ( displays a valid OMB	OF COMMERCE
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FEE TRANSMITTAL	_	Appli	cation	Numb	09/4816	343-Conf. #592	6.
for EV 2004			Date			/ 12, 2000	
for FY 2004			Name	Inver	<del>-  </del>	M. LEWIS	
Effective 10/01/2003, Patent fees are subject to annual revision.			iner N		C. T. No		
Applicant plains small antity status. See 27 CER 1 27					2142		
Applicant claims small entity status. See 37 CFR 1.27		Art Ur				1005	
TOTAL AMOUNT OF PAYMENT (\$) 110.00		Attorn	ey Do	cket No	APB-01	4RCE	
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Deposit Account Lahive & Cockfield, LLP	1051	130	2051	65	Surcharge - late filing	fee or oath	
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The Director is authorized to: (check all that apply)					heet.		<u> </u>
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specificat	tion	
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1002 340 2002 170 Design filing fee	1401		2401	165	lotice of Appeal	4 -6	<u> </u>
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1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	iling a submission aft		
1201 86 2201 43 Independent claims in excess of 3					37 CFR 1.129(a)) For each additional inv	vention to be	<b>⊢</b>
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	examined (37CFR 1.1	29(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Continued		<b>⊢</b>
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and over original patent	Other	fee (spe	cify)				
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SUBTOTAL (2)   **or number previously paid, if greater, For		educed by Bas	ic Filing Fee Paid	SUBTO <sup>*</sup>	TAL (3) (\$) 110.00
SUBMITTED BY		-		(Complete	(if applicable))
Name (Print/Type) David R. Burns		gistration No. orney/Agent)	46,590	Telephone	(617) 227-7400
Signature Davel	RB.m.			Date	March 3, 2004

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5	mmissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.  Signature: (David R. Burns)
Dated: March 3, 2004	Signature: (David R. Burns)

O9/481643-Conf. #5926	AMEN	DMENT T	ΓRANSMI	TTAL LE	CTTER		cket No. -014RCE
METHOD AND APPARATUS FOR INTEGRATED NETWORK MANAGEMENT AND SYSTEMS MANAGEMENT IN COMMUNICATIONS NETWORKS  TO THE COMMISSIONER FOR PATENTS  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.    Claims   Remaining After After Amendment   Previously Paid   Previously Paid   Previously Paid   Previously Paid   Present   Rate	• •		_			1	Art Uni
TO THE COMMISSIONER FOR PATENTS  Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  Claims Remaining After Amendment Previously Paid  Total Claims  Independent Claims  Multiple Dependent Claims (check if applicable)  Other fee (please specify): Extension for response within first month  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:  X Please charge Deposit Account No. 12-0080 in the amount of \$ 110.00  A duplicate copy of this sheet is enclosed.  A check in the amount of \$ to cover the filing fee is enclosed.  X The Director is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below. A duplicate copy of this sheet is enclosed.  X Credit any overpayment.  X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.  David R. Burns  Dated: March 3, 2004  March 3, 2004	09/481643-Cd	onf. #5926	January 1	2, 2000	C. T. Nguye	en	2142
TO THE COMMISSIONER FOR PATENTS  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.    CLAIMS AS AMENDED	Applicant(s): Lun	ndy M. LEWIS 6	et al.				
Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.    CLAIMS AS AMENDED	nvantion.					AGEMENT	AND
Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.    CLAIMS AS AMENDED		тс	THE COMM	ISSIONER FO	OR PATENTS	REC	CEIV
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Multiple Dependent Claims (check if applicable)   Other fee (please specify): Extension for response within first month   110.00		Remaining After	Number Previously	Extra Claims	Rate		
Multiple Dependent Claims (check if applicable)  Other fee (please specify): Extension for response within first month 110.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 110.00  x Large Entity Small Entity  No additional fee is required for this amendment.  x Please charge Deposit Account No. 12-0080 in the amount of \$ 110.00 A duplicate copy of this sheet is enclosed.  A check in the amount of \$ to cover the filing fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  x The Director is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below. A duplicate copy of this sheet is enclosed.  x Credit any overpayment.  x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.	Total Claims				х		
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:    Large Entity	Multiple Depend	dent Claims (ch	eck if applicabl	e)			
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X   Please charge Deposit Account No.	TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:		<u> </u>	
A duplicate copy of this sheet is enclosed.  A check in the amount of \$ to cover the filing fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director is hereby authorized to charge and credit Deposit Account No 12-0080 as described below. A duplicate copy of this sheet is enclosed.  X Credit any overpayment.  X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.			OR THIS AME	NDMENT:	Small Entity		
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Dated: March 3, 2004

Signature:

(David R. Burns)

(617) 227-7400

Boston, Massachusetts 02109